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NEW UTILITY PATENT APPLICATION TRANSMITTAL <i>(to be used for new applications only)</i>	Attorney Docket Number	
	First Named Inventor	Jose E. Leal
	Total Pages in this Submission	29

APPLICATION ELEMENTS	ACCOMPANYING APPLICATION PARTS						
<p><i>Notice: Checklist items mentioned under Application Elements section construct a new utility patent application. Please refer to MPEP Sections 506, 601, (37CFR 1.77, 1.53, 35 USC 111, 112, 113) for detailed explanation regarding completeness of an original patent application.</i></p>							
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (prescribed filing fee(s)) 1</p> <p>2. Specification 17</p> <p><input checked="" type="checkbox"/> Title of the Invention</p> <p><input type="checkbox"/> Cross References to Related Applications (if applicable)</p> <p><input type="checkbox"/> Statement Regarding Federally-sponsored Research/Development (if applicable)</p> <p><input type="checkbox"/> Reference to Microfiche Appendix (if applicable)</p> <p><input checked="" type="checkbox"/> Background of the Invention</p> <p><input checked="" type="checkbox"/> Brief Summary of the Invention</p> <p><input checked="" type="checkbox"/> Brief Description of the Drawings (if drawings filed)</p> <p><input checked="" type="checkbox"/> Detailed Description</p> <p><input checked="" type="checkbox"/> Claim or Claims</p> <p><input checked="" type="checkbox"/> Abstract of the Disclosure</p> <p>3. <input checked="" type="checkbox"/> Drawing(s) (when necessary as prescribed by 35 USC 113) 6</p> <p>4. <input checked="" type="checkbox"/> Executed Declaration 1</p> <p>5. Genetic Sequence Submission (if applicable, all must be included)</p> <p><input type="checkbox"/> Paper Copy</p> <p><input type="checkbox"/> Computer Readable Copy</p> <p><input type="checkbox"/> Statement Verifying Identical Paper and Computer Readable Copy</p>	<p>6. <input type="checkbox"/> Assignment Papers</p> <p>7. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>8. <input type="checkbox"/> Computer Program in Microfiche</p> <p>9. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>10. <input type="checkbox"/> Information Disclosure Statement/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>11. <input type="checkbox"/> Petition Checklist and Accompanying Petition</p> <p>12. <input type="checkbox"/> Preliminary Amendment</p> <p>13. <input type="checkbox"/> Proprietary Information</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard 1</p> <p>15. <input checked="" type="checkbox"/> Small Entity Statement 1</p> <p>16. <input checked="" type="checkbox"/> Additional Enclosures (please identify below):</p> <p>Check Express Mail Cert. 1</p>						
<p>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</p> <table border="1"> <tr> <td>Firm or Individual name</td> <td>Joseph E. Funk</td> </tr> <tr> <td>Signature</td> <td>Joseph E. Funk</td> </tr> <tr> <td>Date</td> <td>2/15/02</td> </tr> </table>		Firm or Individual name	Joseph E. Funk	Signature	Joseph E. Funk	Date	2/15/02
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FOR OFFICIAL USE ONLY					
Application Number		Class		Independent Claims	
Date of Receipt	Application Type	GAU		Total Claims	
	Filing Date	Foreign Filing License?		Drawing Sheets	
	Small Entity	Foreign Address?		Special Handling?	

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02/16/02
JC973 U.S. PTO
10/07/02

FEE TRANSMITTAL	Complete If Known	
	Application Number	
	Filing Date	
	First Named Inventor	Jose E. Leal
	Group Art Unit	
	Examiner Name	
TOTAL AMOUNT OF PAYMENT (\$)		460
		Attorney Docket Number

<p>METHOD OF PAYMENT (check one)</p> <p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number <input style="width: 150px;" type="text"/></p> <p>Deposit Account Name <input style="width: 150px;" type="text"/></p> <p><input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance, 37 CFR 1.311(b)</p> <p>2. <input type="checkbox"/> Payment Enclosed:</p> <p style="margin-left: 20px;"><input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p> <p>FEE CALCULATION (fees effective 10/01/96)</p> <p>1. FILING FEE</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity</th> <th style="text-align: left;">Small Entity</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: left;">Fee Paid</th> </tr> <tr> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>101 770</td> <td>201 370</td> <td>Utility filing fee</td> <td>370</td> </tr> <tr> <td>106 320</td> <td>206 160</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>107 530</td> <td>207 265</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>108 770</td> <td>208 385</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>114 150</td> <td>214 75</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: right;">SUBTOTAL (1) (\$)</td> <td>370</td> </tr> </tbody> </table> <p>2. CLAIMS</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Total Claims</th> <th style="text-align: left;">Extra</th> <th style="text-align: left;">Fee from below</th> <th style="text-align: left;">Fee Paid</th> </tr> </thead> <tbody> <tr> <td>70 - 20 =</td> <td>10</td> <td>X 9 =</td> <td>90</td> </tr> <tr> <td>Independent Claims - 3 =</td> <td></td> <td>X</td> <td></td> </tr> <tr> <td>Multiple Dependent Claims</td> <td></td> <td>X</td> <td></td> </tr> </tbody> </table> <p>Large Entity Small Entity</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Fee Code (\$)</th> <th style="text-align: left;">Fee Code (\$)</th> <th style="text-align: left;">Fee Description</th> </tr> </thead> <tbody> <tr> <td>103 22</td> <td>203 9</td> <td>Claims in excess of 20</td> </tr> <tr> <td>102 80</td> <td>202 40</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>104 260</td> <td>204 130</td> <td>Multiple dependent claim</td> </tr> <tr> <td>109 80</td> <td>209 40</td> <td>Reissue independent claims over original patent</td> </tr> <tr> <td>110 22</td> <td>210 11</td> <td>Reissue claims in excess of 20 and over original patent</td> </tr> <tr> <td colspan="3" style="text-align: right;">SUBTOTAL (2) (\$)</td> </tr> </tbody> </table>	Large Entity	Small Entity	Fee Description	Fee Paid	Fee Code (\$)	Fee Code (\$)			101 770	201 370	Utility filing fee	370	106 320	206 160	Design filing fee		107 530	207 265	Plant filing fee		108 770	208 385	Reissue filing fee		114 150	214 75	Provisional filing fee		SUBTOTAL (1) (\$)			370	Total Claims	Extra	Fee from below	Fee Paid	70 - 20 =	10	X 9 =	90	Independent Claims - 3 =		X		Multiple Dependent Claims		X		Fee Code (\$)	Fee Code (\$)	Fee Description	103 22	203 9	Claims in excess of 20	102 80	202 40	Independent claims in excess of 3	104 260	204 130	Multiple dependent claim	109 80	209 40	Reissue independent claims over original patent	110 22	210 11	Reissue claims in excess of 20 and over original patent	SUBTOTAL (2) (\$)			<p>3. 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SUBMITTED BY		Complete (if applicable)	
Typed or Printed Name	Joseph E. Funk	Reg. Number	25,974
Signature	Joseph E. Funk	Date	2/15/02
		Deposit Account User ID	

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John Barletta
Signature of person mailing correspondence

John Barletta
Typed or printed name of person mailing correspondence

Note: Each paper must have its own certificate of mailing by "Express Mail".
New US Patent application for:

Title: **HITTING PRACTICE TRAINING EQUIPMENT**
Inventor: **Jose E. Leal & John F. Barletta**

- ☒ Application (17 sheets) and 6 sheets drawings (23 sheets total)
- ☒ Declaration and Power of Attorney
- ☒ Verified Statement Claiming Small Entity Status (PTO/SB/09)
- ☒ Check for \$460
- ☒ This return postcard
- ☒ Transmittal Form (PTO/SB/05)
- ☒ Express Mailing Certificate (PTO/SB/93)
- ☒ Fee Transmittal Form (PTO/SB/17)